CHAPTER 3
ORGANISATIONAL SET UP OF JANANI SUVIDHA YOJANA

Urbanization is rapidly spreading throughout the developing world. An urban slum poses special health problems due to poverty, overcrowding, unhygienic surroundings and lack of unorganized health infrastructure. The primary causes of neonatal mortality are sepsis, prenatal asphyxia and prematurity. Home deliveries, late recognition of neonatal illness, delay in seeking medical help and inappropriate treatment contribute to neonatal mortality. Measures to reduce neonatal mortality in urban slums should focus on health education, improvement of antenatal practices, institutional deliveries, and ensuring quality prenatal care. Success of a comprehensive health strategy would require planned health infrastructure, strengthening and unification of existing health care program and facilities; forming a system of referral and developing a program with active participation of the community.¹

Containing Infant Mortality Rate is a national priority in child health today. A staggering 26 million babies are born in our country every year. Of these 1.2 million die in the first 28 days of life accounting for 20% of the global burden of newborn deaths.² If these deaths have to be reduced, one must begin by improving health of mothers during pregnancy and upgrade services for delivery. The pregnant mother and her neonate form the vulnerable sector of our society, more so in the rural areas and in the urban slums. In the past few decades a greater emphasis has been laid on rural health as 80% of our population
lived in villages. Urbanization is rapidly spreading throughout the developing world resulting in changing proportion of urban to rural population. In 1988 for the first time the percentage of urban poor surpassed the rural poor.\(^3\) The urban poor are at the interface between under development and industrialization. Urban health in the slums presents serious public health concerns and challenges dominant among them are neonatal health and mortality. Although urban mortality statistics are comparatively better than the rural, there is a wide disparity between the urban rich and the urban poor and hence the existing urban statistics do not give a true representation of urban slums. Another major problem in urban slums is that unlike its rural counterpart there is no envisaged Primary Health Center with its planned network. In urban slum, multiple health authorities administer health services. Unfortunately, these services are not effectively organized, resulting in duplication of services in some areas and non-existence of health services in other areas.\(^4\)

Hence, improving status of urban slums is very challenging and it needs to be curbed by strong social welfare programmes. Janani Suvidha Yojana is one of them, which is committed to provide institutional delivery services in urban slum area.

**UNIVERSE FOR THE SCHEME:**

The state of Haryana has 17.5 lakh people living in the urban slums, which amounts to almost 30% of the urban population. In light of this ground reality, the state government does not plan to set-up a new infrastructure for RCH services in urban areas but would harness the available private infrastructure through Janani Suvidha Yojana involving the existing private health providers with the objective of improving the accessibility
of good quality antenatal, natal and postnatal services to pregnant mothers of urban slums. Hence, for effective implementation of the JSY institutional arrangement has made. It’s all structure and functions are defined below:

**Institutional Arrangement**

The Department of Health, Haryana is the funding agency for implementation of Janani Suvidha Yojana. MNGOs and FNGOs are main implementing agencies in Janani Suvidha Yojana. Deputy Director (Family Welfare) is the State Nodal Officer for ensuring coordination, supportive supervision, regular review and feedback. District Chief Medical Officer helps him/her in this regard. In the field District Surveillance officer provide functions from government side. To implement and review the scheme a steering committee has arranged. A steering committee has been constituted under the chairpersonship of Financial Commissioner cum Principal Secretary, Government of Haryana, and Department of Health. The members of the Steering Committee are:

- Director General Health Services, Haryana
- Project Director (RCH)
- Deputy Director (FW)
- Additional Project Director (RCH)
- Representative of FOGSI
- Representatives of District NGOs
- State NGO Coordinator

**State Level**

This committee has been constituted under the State Health
Society. Deputy Director (FW) is the Member Secretary. They are responsible to lay down policies, approve overall strategies and annual plans as well as budgets and to review progress and sanction mid-course corrections. The Steering Committee meet at least every 3 months or as and when necessary.

State Health Society Haryana

State Health Society has been constituted under the chairmanship of Chief Secretary. The Society is having its office of Director General Health Services. It is established in Panchkula, Haryana with liberty for it to establish one or more subordinate offices or outlets elsewhere in the State. The area of operation of the Society is whole of the State of Haryana. The Society is also serving in an additional managerial and technical capacity to the Department of Health & Family Welfare, Government of Haryana for the implementation of Health Programme and National Rural Health Mission (NRHM) in the State. Thus, to achieve these objectives, the Society is direct its resources towards performance of the following key tasks:

- Receive; manage (including disbursement to implementing agencies e.g. District Societies, NGOs etc.) and account for the funds received from the Ministry of Health & Family Welfare, Government of India.

- Manage the NGO / PPP (Public–Private Partnership) components of the NRHM in the State, including execution of contracts, disbursement of funds and monitoring of performance.

- Function as a Resource Centre for the Department of Health & Family Welfare in policy/situational analysis and policy
development (including development of operational guidelines and preparation of policy change proposals for the consideration of Government).

• Strengthen the technical / management capacity of the Districts Societies by various means including through recruitment of individual / institutional experts from the open market (with total programme management costs for the State as a whole not exceeding to 6% of the total programme costs).

• Mobilize financial / non-financial resources for complementing/supplementing the NRHM activities in the State.

• Organize training, meetings, conferences, policy review studies / surveys, workshops and inter-State exchange visits etc. for deriving inputs for improving the implementation of NRHM in the State.

• Undertake such other activities for strengthening NRHM in the State as may be identified from time to time, including mechanisms for intra and inter-sectoral convergence of inputs and structures.

For performing the above tasks, the Society establishes and carries out the administration and management of the Society’s Head Office, which is serving as the implementation arm of the Society. Create administrative, technical and other posts in the Head Office of the Society as deemed necessary. It establishes its own compensation package and employ retain or dismiss personnel as required. It establishes its own procurement procedures and employ the same for procurement of goods and services and it also make rules and bylaws for the conduct of the
activities of the Society and its Head Office and add rescind or vary them from time to time, as deemed necessary. Hence, State Health Society is most competent and powerful agency, which lays down the policies and plan for effective implementation of any project related to health and JSY is not an exception.

**District Level**

At the district level, the District Health Society is responsible for day-to-day management and coordination of the project supported by the district Nodal officer. District Programme Manager approved under RCH II Program is the District Nodal Officers for this scheme. The District Nodal officers are responsible to provide supportive supervision and to do trouble shooting.

**District Nodal Officer**

The District Nodal Officer is overall responsible for the planning and implementation of JSY in the whole district. He is required to prepare JSY implementation plan which includes budgeting to form the part of the District level PIP and also monitoring the progress of the scheme. He/she has to provide guidance and supervision to the personnel involved in implementation of the scheme. As regards the planning, the nodal officers reported two methods were used to estimate the demand under JSY. The first method was based on the number of expected pregnancies in a year and the second is based on the number of institutional deliveries conducted in the last year. The calculation of demand was based on the information provided by the PHCs/CHCs and the sub-centres at the district level. Some of the district nodal officers reported that they used to collate all
the plans received from the PHCs/CHCs and sub-centres and these plans were further consolidated at the district level.

**District Programme Manager (DPM)**

Programme Manager sends the consolidated District plan to the State through Chief Medical Officer. She/he is responsible for consolidating all the District Health Action Plans Programme. Programme Manager with the support of District Accountant is ensure distribution of / communication of resource envelope (along with physical and financial targets) to all the health facilities in the District within 7 days from the receipt from the State. Programme Manager is review the physical progress exclusively and financial progress with District Accountant in every monthly meeting under the guidance and supervision of CMO. Programme Manager is compiling and submits monthly report on prescribed format within 2 days from the date of Medical Officers monthly meeting to the State by e-mail and by a hard copy. He/she coordinate and deal with all correspondence related JSY in the district. She/he also inspection the various FNGOs working under the scheme. He/she deals with the DSO as required. She/he also visits in the slum area to know about efficacy of scheme. If required, any other duty also be assigned to him/her regarding the scheme by CMO.

**Chief Medical Officer (CMO)**

Chief Medical Officer is the overall in charge of the general administration and discipline of the medical department. He/she is responsible for ensuring the smooth delivery of health care to the employees of the trust and their families. She/he conducts the surprise inspection of the hospital and Dispensaries
attached to the Department. As far as JSY is concerned, CMO plays a very crucial role. She/he takes the monthly meeting with DSO and FNGOs to discuss about the efficacy of the scheme. She/he focuses on increasing the institutional delivery. She/he also discuss with private health provider or doctors. At the district level CMO is also responsible for effective implementation of the scheme. In the institutional arrangement of JSY, She/he is the prominent component.

**District Surveillance Officer (DSO)**

To facilitate quality control and to prevent financial irregularities, one person per district is selected by Steering Committee as Surveillance Officer. The Surveillance Officer could be a retired doctor, Multipurpose Health Supervisor, Ex Army person etc. The Surveillance Officer gets quarterly honorarium of Rs. 10,000. In addition, the Surveillance Officer gets Rs. 200 for each visit in field subject to a minimum of 4 and maximum of 6 visits per month. The roles and responsibilities of Surveillance Officers is be to

- Ensure quality control of the services being provided by Private Health Providers.

- Facilitate implementation of Standard Treatment Protocols and Standard Operative Procedures by the Private Health Providers.

- To Report any financial irregularity to the District Nodal Officer.

- To ensure that no urban slum area is uncovered.

- To ensure availability of vouchers/reporting forms etc. at all levels.
Coordination, Monitoring and Supervision

The State Health Department is responsible for regular monitoring and supportive Supervision.

The Field NGOs send the monthly reports covering various activities under the scheme to the District NGO by 3rd of every month. The report is collected by the District NGO Steering Committee for Janani Suvidha Yojana, District Health Society, DSO, PHPs, FNGOs, District NGOs, District Nodal Officer (DPM) and then to State Nodal Officer (DDFW). A cumulative report of the whole district is sent by District NGO to District Nodal Officer by 5th of every month. The District Nodal Officer is the Monthly Review reports to the State Nodal Officer by 7th of every month. The representative of District NGO is attending the monthly meetings at O/o Civil Surgeon to provide feedback.
The representatives of NGOs/SHGs attend the monthly meetings at the Block level.

**Supply Chain & Logistics**

Regular supply of contraceptives and vaccines available with the State Health Department is provided free of cost to the private health providers. The State Nodal Officer is ensured smooth and continuous supply of contraceptives, vaccines, auto disposable syringes etc. These supplies are provided to the Private Health provider, through District NGOs based on the monthly demand submitted by the PHP to the District NGOs and then District NGOs to District Nodal Officer. The District NGOs submit the utilization status for the contraceptives and vaccines after collecting it from Private Health Providers.

**Financial Arrangements**

The funds for the scheme are transferred from State Health Society to State Nodal Officer. The proposed framework for financial arrangements is as below:
Thus, organizational set up or institutional arrangements has been made for the effective implementation of Janani Suvidha Yojana in the state. State government, NGOs and private sector obstetricians are collectively working in this regard. State government is facilitator in the scheme and NGOs and private obstetricians are doer. Through a series of consultations with key stakeholders, the Government of Haryana health department worked out a scheme of Public Private Partnership (PPP) to contract private providers to provide delivery care to the poor in urban slum areas.

**Private Health Provider or NGOs**

The implementation agency for this scheme is the District NGOs working in the respective districts. The Department of Health, Haryana is already working with NGOs for various RCH II and AIDS activities. The State NGO Coordinator is ensuring the capacities of NGOs in implementing the scheme. The roles and responsibilities of various Stakeholders proposed in the scheme outline are as follows:
1. District NGO or Mother NGO
2. Field NGO

Since 1997, The Department of Family Welfare runs a unique scheme of Mother NGO (MNGO) to manage and funds the smaller NGOs known as field NGOs. Realizing the need for enhancing service NGO Scheme is being introduced.\(^6\)

**Mother NGO (SNGO) Scheme**

In its endeavour to streamline and simplify the procedure for providing assistance to the NGOs, the Department of Family Welfare has evolved a system in which all the small organizations working at the grass-root level are not required at the national capital or state capitals for getting the assistance.

Under the scheme, selected MNGOs are identified and sanctioned grants in allocated districts. These MNGOs in turn, issue grants to smaller NGOs designated as FNGOs in the allocated districts. These grants are used for promoting the goals/objectives as outlined in the health related programmes of government of India. Presently 437 districts of the country are covered by 106 MNGOs with the involvement of more than 800 Field NGOs.\(^7\)

**District NGO:**

Selection criteria:

- NGO should be registered under the Societies Registration Act/ Inidan Trust Act/ Indian Religion and Charitable Act/ Company Act for more than three years.
- NGO must provide a proof of his savings worth Rs. One Lac in the form of NSC, Postal Deposits, fixed deposits etc.
- The NGO must have 3 years of experience working in the Health/Social sector.
• Each District NGO can be allotted a maximum of two districts.

**Roles and Responsibilities:**

• To perform mapping of the districts to identify the Urban Slums, private nursing homes adjoining the slum areas and the field NGOs working in these areas and submit it to the district authorities.
• Selection of Field NGOs/SHGs.
• Selection of private health providers in consultation with district authorities.
• Delineation of area to the NGOs/SHGs and private health providers.
• Distribution of vouchers to Field NGOs/SHGs.
• Redemption of vouchers and payment to PHPs.
• Compilation and collation of routine review reports sent by FNGOs/SHGs and submit to concern Civil Surgeon in the first week of every month.
• In areas, where NGOs could not be found, self help groups are selected for the scheme.
• The representative of District NGO attends the monthly meeting at the District Head Quarter.

**FIELD NGOs:**

Each NGO/SHG looks after a population of 10,000.

**Selection Criteria:**

- NGO should be registered under the Societies Registration Act/ Indian Trust Act/ Indian Religion and Charitable Act/ Company Act for more than three years.
- The NGO must provide a proof of savings worth Rs. 50,000 in the form of National Savings Certificate, Postal deposits or fixed deposit etc.

- The NGO must have 2 years of experience working in the Health/Social sector.

In the areas, where eligible NGOs could not be selected, the Self Help Groups (SHGs) working in such areas is selected by District NGOs in consultation with Civil Surgeon of the respective district. The criterion for the selection of SHGs is the same as that of NGOs except that the guarantee is Rs. 25,000 instead of Rs. 50,000.

**Roles and Responsibilities:**

- Undertake house to house survey for identification of the eligible clients

- Select one SAKHI for every 1000 population.

- Orient SAKHI regarding activities of the scheme and their roles/responsibilities.

- Register pregnant mothers with the help of Sakhi, AWW and ANMs.

- Distribute vouchers to the pregnant mothers.

- Collect vouchers from PHPs and submit to District NGOs for redemption.

**SAKHI**

Sakhi is main component in the scheme. She works as an ASHA in Janani Surkasha Yojana. ASHAs positioned under NRHM have been successful in promoting awareness of obstetric and child care services in the community. In the same manner Sakhi works. While registering the women under JSY, Sakhi also
takes the help of ANM, AWW and GNM. In the scheme her experience and qualification has defined. A resident woman from the urban slum is selected per 1000 population. She acts as a link between Clients & Private Health Providers. She is selected by FNGOs/SHGs. She is responsible for facilitating the clients for availing antenatal checkups, institutional delivery, referral transport and immunization of the newborn from the designated Private Provider. Sakhi gives undertaking to District NGO and gets performance based honorarium after completion of a set of activities. The Sakhi is provided imprest money of Rs.200 as the revolving fund for referral transport of pregnant mothers for delivery purposes, referral of high risk pregnancies and sick newborns. The rate for referral transport is @ Rs. 5 per km or a maximum of Rs. 200, whichever is less. The Sakhis gets honorarium as follows:

Table 3.1

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Activity</th>
<th>Case Load per Month</th>
<th>Compensation Per Case</th>
<th>Total Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Antenatal Registration, 3 Antenatal Checkups, 100 IFA tablets and 2 TT injections</td>
<td>3.0</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>2</td>
<td>Facilitate Mothers for Institutional Delivery</td>
<td>3.0</td>
<td>75</td>
<td>225</td>
</tr>
<tr>
<td>3</td>
<td>Provide essential Newborn Care, Counseling on Exclusive breast Feeding</td>
<td>3.0</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>4</td>
<td>Ensure Birth and Death Registration</td>
<td>5.0</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>5</td>
<td>Appreciation for Completion of all Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>500</strong></td>
<td></td>
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</tr>
</tbody>
</table>
However, to fulfill defined duties and responsibilities above mentioned remuneration is provided to Sakhi.

**Private Health Provider or Doctor**

She plays a very crucial role in the scheme because to reduce maternal and infant mortality ratio and institutional delivery is not possible with her technical competency. They are empanelled by the NGOs with the prior recommendation of CMO. To empanel them their qualification and essential experience also defined. It is given below:

- She must has her own hospital within a distance of 5 Km is selected.
- She must have a Gynecologist, Pediatrician and Anesthetist on hospital panel and should be available anytime as and when required.
- She must have labor room and fully equipped operating room.
- She must be able to access blood in emergency situation.
- She must be able to arrange for anesthetists and do emergency surgery.
- She has on hospital 24 hours delivery services.
- There should be established laboratory with staff and equipments.
- The Private provider will ensure the safe and timely referral of the high risk case/sick newborns to the District Hospitals.
- Availability of Telecommunication network.

**Appraisal**

Institutional arrangements have been made for the successful implementation of Janani Suvidha Yojana in urban slums of Haryana. In the institutional arrangement, structure of
the institution has been classified between state and district. At the state level, State Health Society reviews the scheme quarterly. It receives and manages (including disbursement to implementing agencies e.g. District Societies, NGOs etc.), the account for the funds received from the Ministry of Health & Family Welfare, Government of Haryana. It also manages the NGO and PPP components of the NRHM in the State. It includes execution of contracts, disbursement of funds and monitoring of performance. State Nodal Officer helps it in this regard. District Chief Medical Officer also monitors the JSY. She/he takes the monthly meeting of the FNGOs, DSO, DPM and related officials. She/he takes the quarterly report of NGOs regarding performance of the scheme. This report is submitted by DSO. On the basis of report government release the grant for further implementation of the scheme or for continuation for the private service provider. District Surveillance Officer is the one and only component that deal with the registered women and works with Sakh. Private Health Provider or Gynecologist treats the pregnant women and provides them quality of health. Mother Non Government Organizations and Field Non Government organizations are key components, which play the pivotal role in this scheme because they are implementing agency in the Janani Suvidha Yojana.
REFERENCES


3. Government of India, Ministry of Health and Family Welfare, Child Health Division, New Delhi, 2000, p.43


5. Haryanahealth.nic.in

